



Managing Overweight and Obesity in
Veterans Everywhere (*MOVE!*) -
Moving Forward with Weight
Management and Diabetes
Prevention

JAMIE LEUTHOLD, RD, LDN
VISN 4 *MOVE!* COORDINATOR

Objectives



- Provide an overview of the *MOVE!* program.
- Compare *MOVE!* and VA/DoD Obesity Guidelines.
- Highlight successful weight management and diabetes prevention strategies
- Discuss updates and future plans for *MOVE!*

MOVE! Overview

MOVE!

- Largest and most comprehensive weight management and physical activity program associated with a medical care system in the United States
- Designed by the VA National Center for Health Promotion and Disease Preventions (NCP) as part of the Office of Patient Care Services
- One of the five components of the cooperative initiative between U.S. Department of Veterans Affairs (VA) and the U.S. Department of Health and Human Services (HHS).

MOVE! Overview

MOVE!

- Evidence based, multidisciplinary, individually tailored, stepped care, population-based program.
- Progressive or stepped-care treatment model consists of five steps or levels, each with increasing treatment intensity. Progression is determined by the veteran's weight, medical condition and psychological factors.
- The five *MOVE!* levels include Self Management, Individual or Group Treatment, Pharmacological Weight Control Agents, Intensive Inpatient/Outpatient Treatment and Bariatric Surgery.

MOVE! Overview

MOVE!

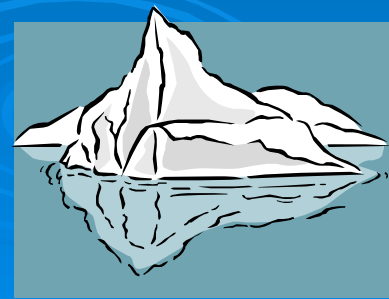
- Integrated with Primary Care by utilization of defined screening criteria
- Clinical Reminder is used to identify risk for obesity related problems and determine benefit from weight management related interventions.
- *MOVE!* 23 Patient Questionnaire:
 - Multi-factorial assessment
 - Consists of 23 questions related to weight control history and behaviors that impact upon weight management.
 - Used to assess personal barriers, tailor treatment and identify veterans who may have exercise-related risks.
 - Web-based and produces both an individualized patient report and a detailed staff report which can be auto-ported as a progress note in the electronic medical record.

MOVE! Overview

- FY 2000- 40 out of 200 VA facilities had a weight management program
- FY 2006-VHA Handbook 1101.1 *MOVE!*, signed March 23, 2006 provided the directive/guidelines for implementation of *MOVE!* at all VA facilities.
- By the end of the year, 2006-147/153 VA facilities had a weight management program.

MOVE! Overview

- 5.5 million veterans receive care within the VA system.
- 73% of veterans are overweight or obese.
- As of May 2007, almost 58,000 veterans have been reached by *MOVE!*.
- This means 4 million more veterans need to be reached!
- We have only seen the “tip of the iceberg”!



MOVE! Overview

MOVE! Program Evaluation

MOVE! Program Visits Cube:

- Web-based *MOVE!* workload monitoring tool.
- Provides aggregate or detailed data for national, VISN or facility level workload.
- Data is stored as “A Patient at A Facility on A Date” and obtained from national data sets such as Outpatient Workload.
- Data includes patients and visits with primary or secondary *MOVE!* DSS identifiers (372, 373).

MOVE! Overview

MOVE! Program Evaluation

MOVE! Program Visits Cube:

- 11 measures include unique patients, outpatient visits, average visits/patient and total estimated co-pay.
- Patient Demographics (*MOVE!* 23 Patient Questionnaire)
- Visit Detail including facility, visit date, visit type, visit type co-pay and primary and secondary stop codes
- Can be customized to view trends and monitor treatment workflow.
- Accessed via:
 - <http://vssc/> (Veterans Support Service Center)
 - Proclarity Desktop Software.

MOVE! Overview

MOVE! Program Evaluation

MOVE! Outcomes Data Cube:

- Measures changes in weight and BMI.
- Roll out is pending due to VISTA VITALS package data validation issues.

MOVE! and VA/DoD Obesity Clinical Practice Guideline

VHA Handbook 1101.01 (*MOVE!*) March 27, 2006

- Official VA policy concerning weight management.
- Defines the procedures for implementation of *MOVE!* (Evidence-Based Weight Management Program)
- Developed by the VA Office of Patient Care Services and NCP.
- VA Operations and Management Section is responsible for implementation.

MOVE! and VA/DoD Obesity Clinical Practice Guideline

VA/DoD Clinical Practice Guideline (CPG)-Management of Overweight and Obesity, December 2006

- CPG provides guidelines, not policy.
- Uses a medical model targeting providers.
- Assists providers with decision making but is not intended to define a standard of care.
- Based on review of evidence and consensus recommendations.
- Developed by the Evidenced-Based Medicine Workgroup that is under the VA Office of Quality and Performance in collaboration with the Department of Defense (DoD).

MOVE! and VA/DoD Obesity Clinical Practice Guideline

- *MOVE!* and VA/DoD Obesity (CPG) are very similar.
- *MOVE!* has been adopted by DoD as the primary model of care and will utilize *MOVE!*²³.
- Both use educational materials in the form of toolkits, national clinical reminders and performance measures.
- DoD toolkit:
 - -Available by the end of Summer 2007
 - -Contents will include the same materials as *MOVE!* including the Clinical Reference Manual, Administrative Reference Manual and Pocket Guides
 - -Tape Measures for girth measurement have been added.
- DoD will also adopt VA's training modules.

MOVE! and VA/DoD Obesity Clinical Practice Guideline

	<i>MOVE!</i> (CPG) (pt. self-management)	CPG (medical model)
Screening	Every Other Year	Yearly
BMI threshold/ waist circumference	BMI of ≥ 25	BMI of ≥ 30 or BMI of ≥ 25 in presence of a weight-related disorder or increased waist circumference (men $>40''$, women $>35''$)
Eligibility	Criteria provided to identify patients who may	No rule out criteria provided. Clinical judgment is used.

MOVE! and VA/DoD Obesity Clinical Practice Guideline

	<i>MOVE!</i> (CPG) (pt. self-management)	CPG (medical model)
Readiness Assessment	After screening for BMI and assessment of likelihood to benefit	After medical assessment
Baseline Assessment	<i>MOVE!</i> ²³ used to assess self-reported nutrition, physical activity behavior and	PCP does medical H&P and lab tests (lipids, LFTs, FBS) as indicated

MOVE! and VA/DoD Obesity Clinical Practice Guideline

	<i>MOVE!</i> (CPG) (pt. self-management)	CPG (medical model)
Weight Loss Goal	Reassess based on goals set by patient	Reassess based on <1-2 # weight loss per week
Treatment Plan	Self-determined plan	Detailed, documented treatment plan

MOVE! and VA/DoD Obesity Clinical Practice Guideline

Other *MOVE!* Modifications to Support CPG:

*MOVE!*23 Patient Questionnaire:

- Addition of DJD, Sleep Apnea and Metabolic Syndrome to list of weight related problems.

Staff Report:

- Addition that the weight related problems listed above were self reported.

Clinical and Administrative Manuals:

- Index and new table of contents for DoD
- Description of differences between *MOVE!* and CPG.

Best Practices and Successful Weight Management/Diabetes Prevention Programs



VISN 4

Altoona *MOVE!* Level 1

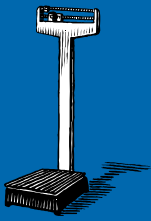
Keys to Success:

- *MOVE!* Coordinator is a Physician's Assistant and Certified Athletic Trainer, who is directly involved with obesity screening and counseling.
- Involvement and "buy in" of Primary Care Providers (PCP) and Primary Care Staff (Nurses, Clerks)
- Protocol developed for continuity of care and ensures the patient will always see the same PCP and Primary Care Nurse.
- Emphasis on team building-all members of *MOVE!* Team have an active role and responsibility.

Altoona *MOVE!* Level 1

Step 1

- During Primary Care visit, PCPs resolve the Clinical Reminder (CR) for patients with BMI >25 and determine if the patient is an appropriate candidate for *MOVE!*.
- If the patient will benefit from *MOVE!*, the PCP enters a consult for *MOVE! Level 1*.



Altoona *MOVE!* Level 1

Step 2

- PCP nurse reviews *MOVE!* and provides *MOVE!* 23 Patient Questionnaire to take home for completion. Other option is to completed the survey on designated medical center terminals.
- Clinic clerks set up all follow up visits under *MOVE!* clinics and provides the patient with a schedule to follow throughout Level 1 as follows:

Altoona *MOVE!* Level 1



2 WEEKS

Session 1-PCP Nurse Visit

PCP Nurse:

- Reviews *MOVE!*23 summary/provides *MOVE!* handouts.
- Assists the patient to establish goals.
- Measures abdominal girth and body composition measurements (bio-impedance).

Session 2-Group *MOVE!* Infomercial Session

MOVE! Coordinator:

- Introduces the program and provides an inspirational talk.
- Reviews basic exercise and nutrition information.
- Provides literature on local gym or community programs.

Altoona *MOVE!* Level 1

4-5 WEEKS

Phone follow up by the PC Nurse for support and to address questions.

7-8 WEEKS

Scheduled follow up visit with the PC nurse. Vitals including abdominal girth and body composition measurements are obtained.

10 WEEKS

Phone follow up with the PC nurse. This is a time to discuss issues that will be addressed with the PCP during the patient's next visit.

12 WEEKS

MOVE! visit with the PCP to evaluate progress and recommendations for continued self-management or advancement to Level 2.

Altoona *MOVE!* Level 1

- Patients are also provided the option to attend a monthly *MOVE!* Support Group facilitated by a Social Worker and guest presenters from the *MOVE!* Team (Fitness Trainer, Dietitian and Recreation Therapist).
- Focus is on success of the patients, who indicate that they like the frequent contact. One “star” patient has lost 10#, 2.75 inches off his waist and normalized his blood pressure.

Contact: David Skelley, PA-C
(814) 943-8164, extension 7086



Philadelphia *MOVE!* Level 1

Keys to Success:

- *MOVE!* Coordinator is a Registered Dietitian hired specifically for the position.
- High visibility/availability.
- Personalized diet advice is provided with attention to review of food/activity logs.
- Proclarity *MOVE!* Data: 8.6 visits per patient



Philadelphia *MOVE!* Level 1

- PCP resolves the BMI Clinical Reminder and provides eligible patients with a flyer on *MOVE!* activities.
- Open walk in clinic:
 - 4 days per week for a total of 20 hours per week (2 hours-morning, 2 hours-afternoon)
 - Available to all patients whether just getting started or those already involved with self management.
 - Captures many patients who are at the medical center for Primary Care appointments.

Philadelphia *MOVE!* Level 1

- The *MOVE!* clinic is professionally set up with posters, food models, visual teaching aids, scales, stadiometers and easy access to handouts.
- Volunteers:
 - Call patients 2 days per week with reminders about the open clinic
 - Assist with completion of the *MOVE!*23 Patient Questionnaire
 - Sits outside a busy women's clinic one morning per week to help female veterans enter *MOVE!*23 on line.



Philadelphia *MOVE!* Level 1

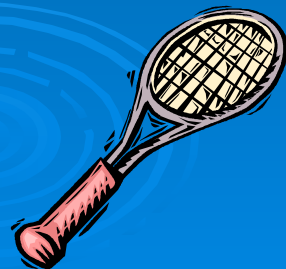
- Phone Follow Up
 - Registered Dietitians call patients on Weeks 1, 3 and 8.
 - Calls average 10-25 per day.
 - 3 attempts/patient, if no contact, it is left up to the patient to call.
- 112 “Regulars” have lost a collective 1576# as of May 31, 2007.
- Program success including display of weight loss statistics is recognized via closed circuit TV and weekly employee message board.
- Contact-Kelly McBride, MS, RD
(215) 823-5800, extension 6215

Lebanon *MOVE!* Level 2

- *MOVE!* Coordinator is a Physicians Assistant and has established a protocol for consults to Level 2 with other PCPs.
- Patients are consulted to Level 2 if morbidly obese or in need of a more structured program.
- Program length is 10 weeks with average group size of 7 veterans and 3 family members.
- Core team members are present at each session.

Lebanon *MOVE!* Level 2

- Each group session includes 3 exercise periods of 5 minutes each at the beginning, middle and end.
- Exercise examples include resistance bands, twisting to Chubby Checker and marching in place.
- Volunteers assist with exercise sessions such as swinging a tennis racket or stepping up and down a stool.
- Group members are introduced to a well equipped Wellness Center and instructed to utilize each piece of equipment.
- All exercise is supervised by the PA, KT or RT.



Lebanon *MOVE!* Level 2

- During week 4, the clinical pharmacist provides a presentation on OTC weight loss supplements and reviews the criteria for Orlistat prescription.
- Patients interested in starting Orlistat, while still in Level 2, are evaluated individually prior to the session by the pharmacist and the PA. If eligible, the progress of patients prescribed Orlistat can be closely monitored.

Lebanon *MOVE!* Level 2

Week 10 (final week)

- Pot Luck Salad
- Graduation certificates are awarded.
- *MOVE!* Amazing Great Race-all group members participate in this event.
 - Each patient starts out with instructions to go to an area of the hospital such as the Patient Education Center. *MOVE!* team members are waiting for them with another envelope to go to another area such as the Wellness Center.
- Monthly support group (first Tuesday of each month) is offered to graduates. No appointment required.



Lebanon *MOVE!* Level 2

Team Building is the recipe for success.

- Cohesive *MOVE!* Team: *MOVE!* Coordinator, RD, KT, RT, RN and Clinical Application Coordinator.
- Team members develop colorful and motivating posters, presentations and promotional media events.
- “*MOVE!*” polo shirts worn during *MOVE!* activities.
- Social events on weekends every few months for bowling or “Mexican Night”.

Contact: Rick Emler, PA-C
(717) 272-6621, extension 4703

Lebanon *MOVE!* LEVEL 3

- 24 patients prescribed Orlistat between May 2006 -April 2007.
- Patients interested in Orlistat must meet eligibility criteria.
- Intensive education from the *MOVE!* Team on lifestyle change.
- 30, 60, 90 day monitoring.
- Limited effectiveness for weight loss.
- Contact: Rick Emler, PA-C, (717) 272-6621, extension 4703

VAPHS-*MOVE!* Level 5

Bariatric Surgery Team: Surgeon, Nurse Practitioner (NP), Behavior Health Nurse Specialist, Registered Dietitians (RD)

Patients are referred by PCPs within VISN 4

Candidates receive medical and psychological evaluation.

Pre-surgical educational class is provided bimonthly by the surgeon, NP and RD

MOVE! program participation is required for at least 3 months prior to surgery including involvement with weekly weight management/bariatric support groups and/or *MOVE!* telephone clinic.

VAPHS-MOVE! Level 5

Pre-surgical Weight Loss of 10% body weight is required and accomplished by several methods:

- Supervised medical weight loss
 - Low calorie liquid diet (Optifast)
 - 800 calories per day
 - Requires attendance at weekly education group facilitated by an RD and monitoring of labs and meds.
- Low calorie diet (1000 calories) along with 2 weeks prior to surgery on a meal replacement such as sugar-free Carnation Instant Breakfast.
 - Weekly calls by RD and medication adjustment by NP.

VAPHS-MOVE! Level 5

- Sugar-free clear liquid diet initiated 2 days prior to surgery
- Laparoscopic Roux-en-Y gastric bypass, ALOS-2 days.
- In-depth instruction on post-surgical diet provided by the RD.
- Post surgical diet advances in phases:
Phase I-Post-operative/Clear Liquids (1-2 weeks), **Phase II**-Pureed (2 weeks-1 month), **Phase III**-Adaptive/Soft (one-four months), **Phase IV**-Stabilization/Regular (after fourth month)
- Adequate fluid/protein intake and vitamin/mineral supplementation are emphasized.
- Post-surgical follow up per established schedule with the NP and RD in Bariatric Surgery Clinic.

VAPHS-MOVE! Level 5

Optifast (Novartis Nutrition)

Initiated August 2004

Rationale:

- Reduce risk associated with surgery in super obese patients(3% mortality & 27% morbidity)
- Avoid staged procedure (sleeve gastrectomy)
- Criteria: BMI ≥ 50 or ≥ 35 with diabetes or android obesity
- Structured Program Protocol/Medical Monitoring
- Average # of weeks on Optifast: 9-10

VAPHS-MOVE! Level 5

Optifast (Novartis Nutrition)

Liver Volume and abdominal adipose tissue measured pre/post Optifast via CT scan.

Preliminary data analysis (2004-2006):

- Weight loss (>10% of body weight)
- Significant decreases in liver volume and reduction in subcutaneous adipose tissue.
- Correlation with minimal morbidity and zero mortality.

2007 data to be added and abstract submitted for acceptance and presentation at the American College of Surgeons conference.

- Contact: Jamie Leuthold, M.Agr. RD, LDN,
412-688-6728

Best Practice-VISN 4 *MOVE!* Support Groups



Spotlight on
VA Pittsburgh Healthcare System
(VAPHS)

VAPHS *MOVE!* Weight Management Support

- *MOVE!* Coordinator is a Behavioral Health Nurse Clinical Specialist/Certified Addiction Specialist and has coordinated weight management support groups for over a decade.
- 3 support groups are offered each month to accommodate the schedules of veterans who graduate from Level 2.
- Approximately 35 veterans and 6 spouses participate monthly.

VAPHS *MOVE!* Telephone Clinic

- *MOVE!* Telephone Clinic initiated May 2006.
- Facilitated by the Behavioral Health Nurse Specialist and RD.
- 74 patients have called to date.
- Average # of callers per week-6
- Most weight lost by a caller to date-25#
- Average weight lost by a caller-8#
- Total recorded pounds lost to date-169#
- 50% of patients who have stopped using the phone clinic have gained weight.



VAPHS Bariatric Surgery Support Group

- Bariatric Surgery Support Group is offered to veterans and spouses, pre and post surgery.
- Group consists of 30 minutes of supportive therapy, led by Behavioral Health Clinical Nurse Specialist, followed by a 30 minute question/answer period with the Bariatric NP, RD and surgeon.
- Patients who live a distance from VAPHS conference call into the group. States covered are Pennsylvania, West Virginia and Ohio.

New VAPHS Weight Management Support Groups

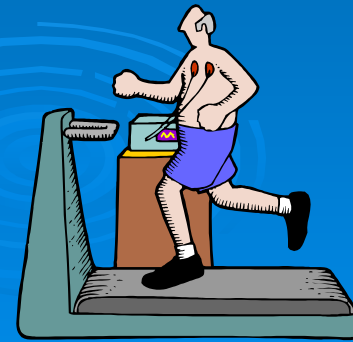
- Monthly “*MOVEment*” group for veterans and spouses started April 2007 led by KT and Behavioral Health Clinical Specialist.
- Gentle chair exercises or walk in place to a walking video.
- Stationary bicycles are available for those who are conditioned.
- No formal medical clearance required as no rigorous activity performed.
- Statement added to Weight Management Consult? **-Is the patient able to exercise as tolerated?**
- Contact: Melanie Erskine, MSN, RN, CS, CARN
(412) 365-5780



Other VISN 4 *MOVE!* Best Practices

Wilkes-Barre

- *MOVE!* Coordinator is a Kinesiotherapist and Certified Diabetes Educator.
- Level 2 emphasis is on exercise and conditioning.
- Cardiac Rehab and Diabetes Program patients are all enrolled in *MOVE!* Level 2
- Blood Pressure and Heart Rate measured before, during and after exercise along with self pulse monitoring and perceived exertion.
- Contact: Keith Naylor, RKT, CDE, ACLS
(570) 824-3521, extension 7477

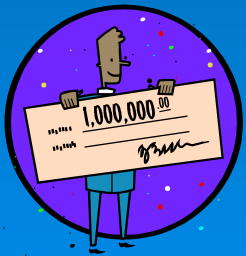


Best Practices-VISN 4

*MOVE*Employee

Erie

- 8 week Pedometer Steps Program, February-April 2007.
 - 22 teams of 4 employees participated.
 - Team Leader reported the group's total # of steps per week.
 - 1st Place-8 hours AA for each team member.
 - 2nd Place-Sharing of a coveted parking spot for 1 month.
 - 3rd Place-\$50 Canteen gift basket.
 - Million Mile Step Club is in development where employees track steps until a total of 1 million steps are accumulated! Lanyards and pins to be awarded as prizes.
-
- Contact: Deb Kuntz, RD, LDN,CDE
(814) 860-3242



Best Practice!-VISN 4 *MOVE*Employee

Lebanon

Lose to Win! (2 sessions completed as of June 2007)

- Lose to Win I and II
 - 12 week Team Competition
 - 40 teams of 4
 - Sponsored by *MOVE!* and Wellness Committee
- *MOVE!*
 - Program materials and education provided
 - Lunch and Learns
 - Weekly team winner -personal coaching
- Health Education Fairs
- Take The Stairs!
- Canteen involvement
- MOVE on Through the Holidays
- Wellness Center \$10 one time fee



Best Practice-VISN 4 *MOVE*Employee



Best Practice-VISN 4 MOVEmployee

VAPHS

- 12 week outlook based program started February 2007
- Weekly weigh ins at scheduled times.
- Almost 100 employees participated at 3 campuses and VISN 4 office.
- \$150 Canteen certificate awarded as the prize
- Continued monthly weigh in every other week.

Philadelphia

- 12 week outlook based program- March-June 2007.
- 4 lunch and learns offered over 12 weeks.
- 50-60 participants have lost at least 1# each week.
- Cash prize awarded to 2 “Biggest Losers”.

What's New With *MOVE!*

Improved *MOVE!* Educational Tools

Current modules are under revision to improve group sessions material as follows:

- Orientation to *MOVE!* module designed to facilitate rolling admissions to *MOVE!* groups.
- Add modules based on the Lifestyle Balance, Diabetes Prevention Program
- Session plans and scripts to aid facilitators in session preparation, materials, fact sheets, worksheets and appropriate *MOVE!* handouts and worksheets.
- Class exercises to encourage active participation by the group members.
- Record keeping is emphasized.



What's New With *MOVE!*

MOVE! Screening Performance Measure

- External Peer Review Program (EPRP) is piloting a screening measure based on degree of risk and potential benefit of treatment.
- EPRP monitors if screening was completed on veterans who meet trigger criteria (usually BMI >25) for overweight/obesity related risk.
- Veterans screened to be at risk and determined to benefit from the a weight management program, must have documentation that the *MOVE!* 23 survey was completed and results documented in the computerized medical record system (CPRS).

What's New With *MOVE!*

MOVE! Screening Performance Measure

Expected Timeline:

- Supporting indicator-2QFY08
- Traditional EPRP-based Performance Indicator-FY09 (Measures Nexus cohorts of primary care and mental health.)
- Full-sample performance indicator of clinical reminder extract-FY10 (Electronic extract vs. chart reviews.)

Down the road-Treatment Processes and Health Outcomes Performance Measures.



What's New With *MOVE*!

National Clinical Reminder

- Clinical tool to increase screening.
- Aids in decision support such as determining risk, benefit of treatment, risk counseling and starting treatment.
- May be used for performance improvement collection.
- Core elements will be mandatory but flexibility to customize for each facility.
- Pilot FY08, FY09
- Roll out first version FY10
- Second version roll out is not yet determined.

What's New With *MOVE!*

TeleMOVE!

- Major project for 2007 with October 1, 2007 as the anticipated goal for “roll out”.
- Anticipated to provide greater access to *MOVE!* and possibly reduce workload of primary care clinic.
- *TeleMOVE!* codes for workload capture will be published.
- A “How To Kit” that includes enrollment criteria and standards for use are in development.

What's New With *MOVE!*

TeleMOVE!

- Technology will be provided via prosthetics. “Health Buddy” device is utilized.
- Two high risk enrollment diagnoses:
 - Metabolic Syndrome
 - New Diabetes Mellitus.
- Disease Management Protocol will be used via modules and contact with veteran based on responses to specific questions concerning weight and intake.
- Specific *MOVE!* educational handouts provided upon enrollment.

What's New With *MOVE!*

MOVE! Intensive (Level 4)

- Currently defined as Inpatient or Residential Treatment.
- Redefined as Medically Intensive Treatment to include inpatient or residential treatment or intensive dietary interventions.
- Intensive dietary treatments may include a “Day Treatment Program” or a medically monitored weight loss program using meal replacements, liquid low calorie diets or very low calorie meal plans (800-1200 calories/day).
- Level 4 targeted at refractory patients, pre-bariatric surgery weight loss or those not candidates for bariatric surgery but require intensive treatment.

What's New With *MOVE!*

MOVE! Intensive (Level 4)

- Veterans must meet inclusion criteria (BMI >40 or 35 with obesity associated medical conditions.)
- No history of anorexia and bulimia.
- Program consists of assessment, behavior change, nutrition, physical activity, group therapy, pharmacotherapy and intensive follow up.
- Clinical Reference Manual, updated Administrative Manual and evaluation guidelines –Summer 2007
- Available on the website- Fall 2007.

What's New With *MOVE!*

MOVE! Intensive Goals

- 5 out of 21 VISNs will establish *MOVE! Intensive* in at 1 VA facility within that VISN in 1-3 years.
- 75% of VISNs will offer *MOVE! Intensive* in 4-6 years.
- Successful clinical value changes (per evaluation guidelines)

What's New With *MOVE!*

MOVE! Research Collaborations

Funded research includes:

- Bariatric Surgery Outcomes and Cost in VHA
- Adapting *MOVE!* for SMI population
- Obesity Care Practices in VHA
- *MOVE*VETS* (tailored newsletter and peer counseling)

Weight Management/Diabetes Prevention Websites

<http://www.move.va.gov> (internet)

<http://vaww.move.med.va.gov> (intranet)

<http://www.oqp.med.va.gov/cpg.htm>

<http://www.healthierusveterans.va.gov>

<http://prevention.va.gov>

http://bsc/.gwu/dpp/lifestyle/dpp_part.html